

A PHC NURSE DRIVEN ARV TREATMENT ROLLOUT SERVICE: Experiences of the rural Vulindlela CAPRISA AIDS Treatment (CAT) PROGRAMME

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BACKGROUND

Many challenges to implementation in rural areas

- ▶ infrastructure is less developed
- ▶ human resource capacity is limited
- ▶ drug procurement & supply
- ▶ Accessibility to lab services

SETTING



SETTING



PROGRAMME

- ▶ Criteria based on the SA government's national treatment guidelines
- ▶ Inherent difficulty in obtaining medical staff in rural settings
- ▶ Context of existing comprehensive primary care services by nurses
- ▶ Current staff: 4 nurses, doctor, pharmacist, counsellors, administrator

ROLES & RESPONSIBILITIES

Nurses

- ▶ Prescreening
- ▶ Counseling & testing
- ▶ Follow-up
- ▶ Investigations & referral

Doctor

- ▶ Screening
- ▶ Prescribing

RESULTS

- ▶ 950 HIV-infected patients were screened
- ▶ 239 eligible, 192 were initiated on HAART
- ▶ Median baseline CD 4 count 98 cells/mm³
- ▶ 27.2% CD4 Count <50cells/mm³
- ▶ 24.2% had history of TB
- ▶ 9% currently on treatment for TB

RESULTS

Of those initiated on HAART:

- ▶ Average age: 33.8 years (range 15 – 55).
- ▶ 84.8% unemployed
- ▶ 65.6% lived in mud huts
- ▶ 75.2% access to electricity
- ▶ 73.0% running water
- ▶ 73.3% were financially reliant on family member who was reliant on state social grants (50.5%).

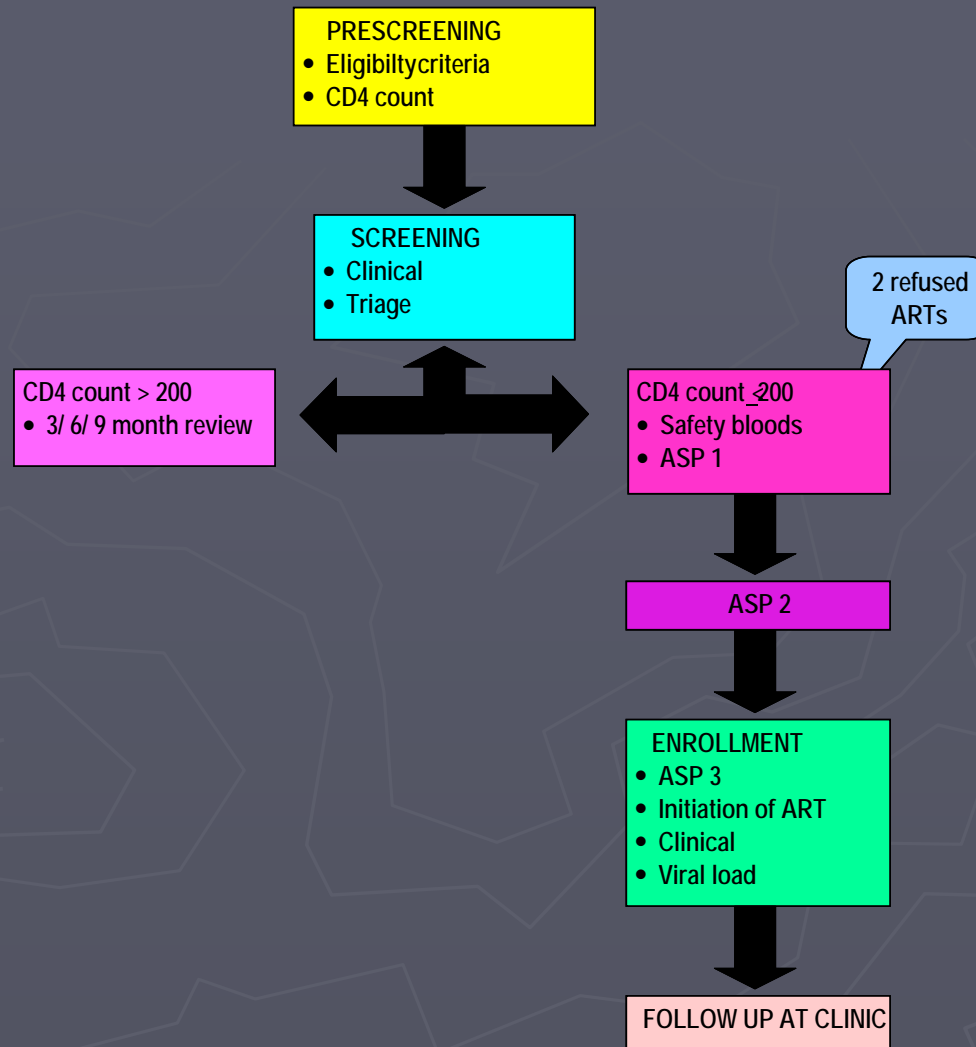
POINTS TO NOTE

- ▶ Feasible to provide HAART using nurse driven approach
- ▶ Prescribing of ARVs

TB HIV INTEGRATED CARE: The CAPRISA AIDS TREATMENT (CAT) PROGRAMME

M Khan, on behalf of the CAT CDC
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Figure 1: The Clinic System



RESULTS

FIGURE 2: FLOW OF PATIENTS THROUGH THE CLINIC

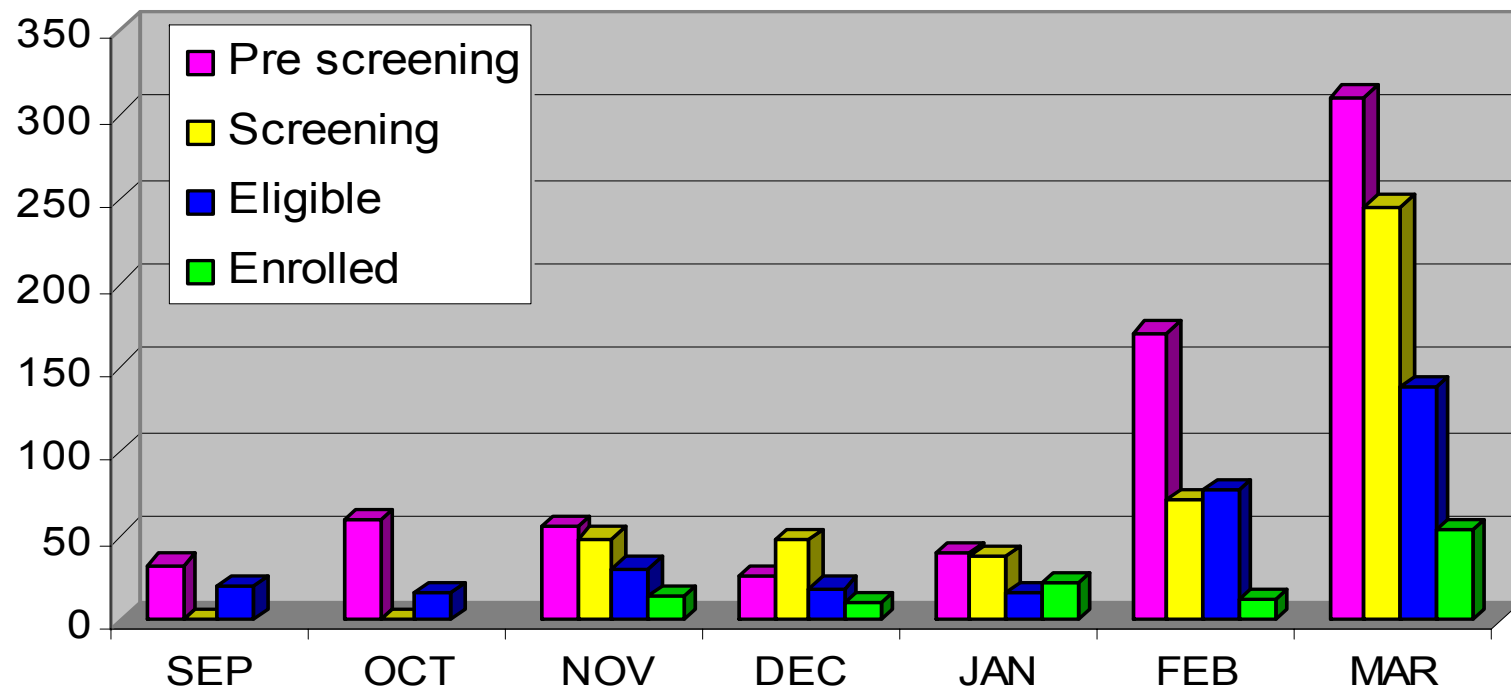


Figure 3: Number of patients in the clinic system

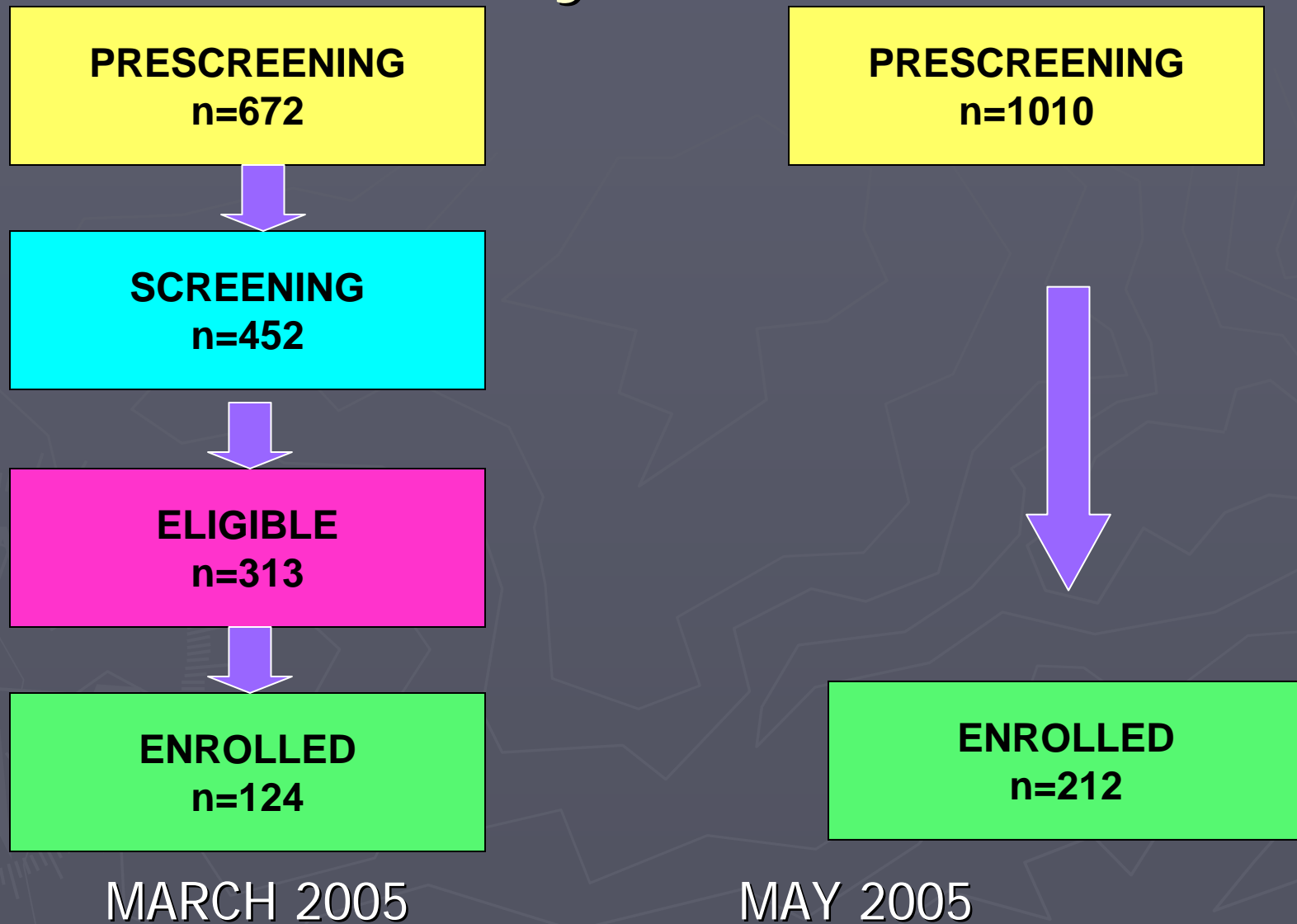
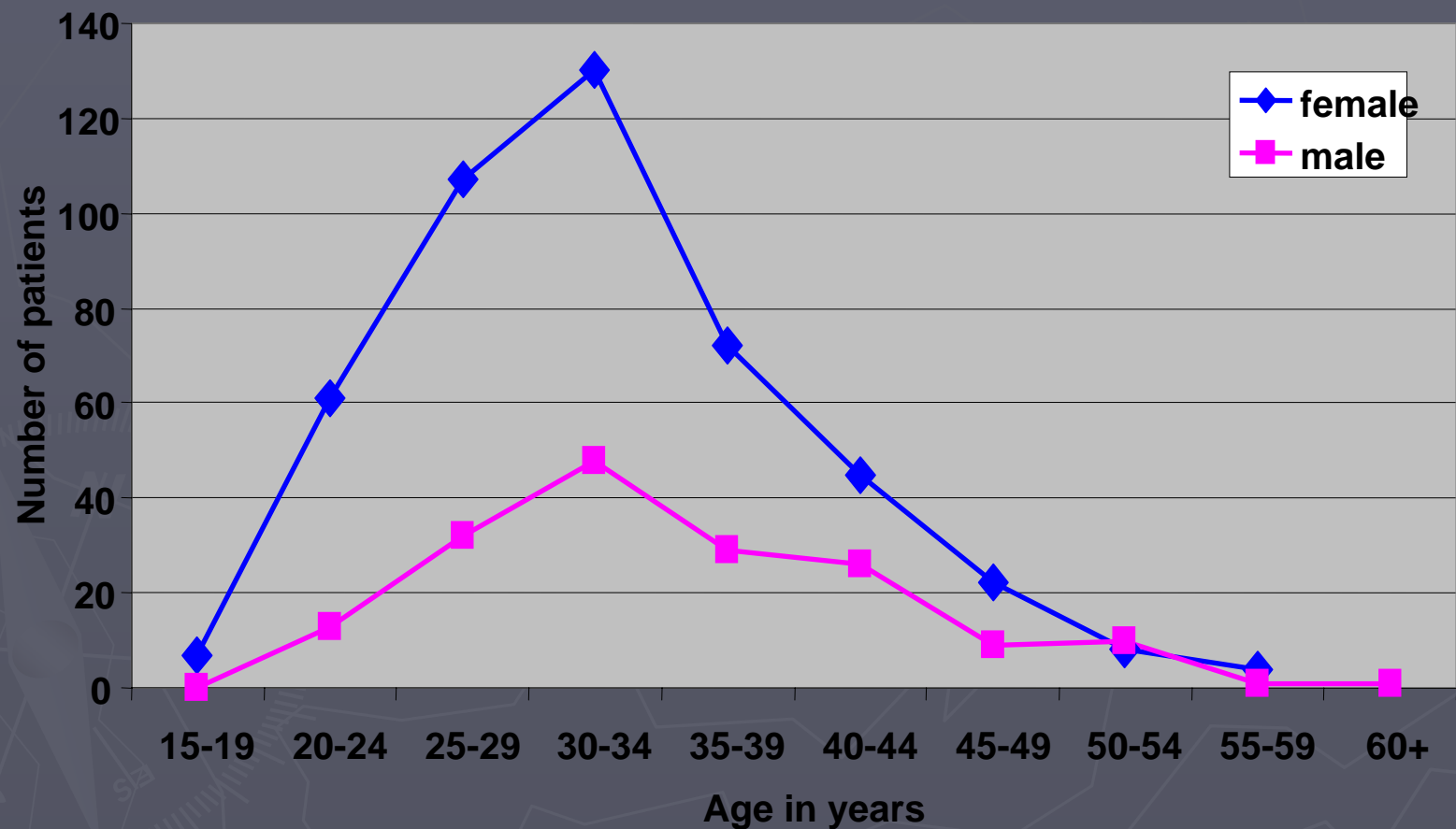


FIGURE 4: AGE AND GENDER DISTRIBUTION OF PATIENTS ATTENDING THE CAT PROGRAMME



CD4 COUNTS

- ▶ Median CD4 count: 216 (range 3- 1151).
- ▶ Eligible for treatment, median CD4 count: 97
- ▶ 27% had CD4 counts of ≤ 50 (median 23)

RESULTS

- ▶ Significant number of sick patients with low CD4 counts
- ▶ Paradoxical deterioration following HAART
- ▶ AE related to EFV

CONCLUSION

- TB HIV integration feasible
- Very ill patients
- Challenge: management of PR